

PURPOSE

It is the purpose of this policy to assure that the freedom of movement of any recipient in a Michigan Department of Health and Humans Services (MDHHS) state operated facility, hospital or center is not limited or restricted more than is necessary to provide mental health services to him or her, to prevent injury to him or her or to others, or to prevent substantial property damage.

REVISION HISTORY

This policy has not been updated since original publication effective date of May 16, 2010.

DEFINITIONS

Freedom of movement means the right of a recipient to the least restrictive conditions necessary to achieve the purpose of treatment with due safeguards for safety of persons and property. This definition includes the right of the recipient to freedom of movement on the grounds and in the buildings and areas within the facility suitable for and designated for recreational or vocational activities or for social interaction.

Limitation means constraint of the freedom of movement of a recipient. Step level programs are prohibited in state hospitals and centers.

Physical management means a technique approved by the hospital or center that is used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself or others.

Physical management may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to self or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of harm.

Physical management shall not be included as a routine component in a behavior treatment plan.

Prone immobilization of a recipient for the purpose of behavioral control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record.

Restraint means any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of the recipient to move his or her arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the recipient's behavior or restrict the recipient's freedom of movement and is not a standard treatment or dosage for the recipient's condition.

Restriction means constraint of the freedom of movement of a group or groups of recipients.

Seclusion means, at the order of a physician, the temporary placement of a recipient in a room, alone, where egress is prevented by any means.

Therapeutic de-escalation means an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in a room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

Time-out means a voluntary response on the part of a recipient to a therapeutic suggestion by staff to remove himself or herself from a stressful situation. Also termed "quiet room".

POLICY

It is the policy of the MDHHS that the freedom of movement of any recipient in a state operated hospital or center is not limited or restricted more than is necessary to provide mental health services to him or her, to prevent injury to him or her or to others. The only exception is that security precautions appropriate to the condition and circumstances of an individual admitted by order of a criminal court or transferred as a sentence-serving convict from a penal institution may be taken.

STANDARDS

1. A continuum of least restrictive therapeutic interventions shall be utilized whenever clinically appropriate to stabilize a situation and assist the recipient in maintaining his or her freedom of movement within the hospital or center grounds and outside the hospital or center grounds.
2. Specific interventions that have the impact of limiting freedom of movement include the use of seclusion, physical restraint,

physical management and suicide precautions as well as limitation on building and ground access. These interventions are governed by provisions of law, administrative rules, and separate departmental policies, clinical standards of practice and accreditation/certification organizations.

3. All restrictions on a recipient's freedom of movement shall be consistent with law, standards of accreditation/certification organizations, and departmental policy.
4. Freedom of movement may be restricted or limited only:
 - a. By general restrictions in hospital/center procedures which may include the following:
 1. From areas that could cause health, safety or security problems, or impair effective functioning of the hospital or center.
 2. Temporary restrictions from areas for reasonable unforeseeable activities including repair or maintenance.
 3. For emergencies in case of fire, tornadoes, floods, etc.
 4. Access to off-ground areas.
 5. Areas which have time restrictions (posted hours for access, etc.
 - b. By individual limitations, when determined clinically necessary:
 1. To provide mental health services, including initial assessment and evaluation.
 2. To prevent injury to the recipient or others.
5. Any limitation shall be reviewed by a specially constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis (Behavior Treatment Committee). Any limitation shall be justified, time-limited and documented in the written individual plan of service. Documentation shall be included that describes attempts that have been made to avoid such limitation as well as what action will be taken as part of the

behavior plan to ameliorate or eliminate the need for the limitation.

6. A limitation where the target behavior is the result of an active substantiated psychiatric diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders need not be reviewed and approved by the behavior treatment committee.
7. Limitations on the freedom of movement of a recipient shall be discontinued when the clinical rationale ceases to exist.

REFERENCES

- Michigan Mental Health Code, MCL 330.1752
- Michigan Mental Health Code, MCL 330.1744
- MDHHS Administrative Rule 330.7009
- MDHHS Administrative Rule 330.7243

CONTACT

For additional information concerning this policy, contact the Director of the Office of Recipient Rights at (517) 373-2319.